



Winnipeg Regional
Health Authority

Caring for Health

Office régional de la
santé de Winnipeg

À l'écoute de notre santé

Regional Management of Outbreaks in Assisted Living/Supportive Housing Residences

June 2016

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Purpose and Statement of Need

This response plan was developed to mitigate the impact of outbreaks in Assisted Living/Supportive Housing residences (AL/SH residences) and its potential impact on the health care system. Supportive partnerships between AL/SH residences and regional health authorities are beneficial to both the prevention and control of outbreaks. Given that AL/SH settings are privately operated, it is important that each Community Area develop its capacity to respond in a timely and consistent fashion when an outbreak occurs. The purpose of this document is to provide guidance to Community Areas by clarifying roles and processes that will strengthen their relationship with AL/SH residences and assist health professionals and AL/SH management and staff to collaborate, communicate, and respond effectively to concerns as they emerge.

Outbreaks in these residences can be caused by viruses and bacteria. The most common outbreaks are respiratory or gastrointestinal. Residents are elderly and often have an existing medical condition which puts them at risk for complications following such infections. The severity of the outbreak has the potential to overwhelm the health care system through increased visits to the emergency room or increased hospitalization and longer hospital stays.

Outbreaks of gastrointestinal illnesses in residences are commonly caused by Noroviruses although other viruses and bacteria can cause outbreaks. Norovirus is very communicable and attack rates can be high (>50%). Most illnesses are mild and self-limiting but serious dehydration and other complications can occur. Congregate meals are provided within these residences and can be a potential source for foodborne related illnesses.

Outbreaks of respiratory illness can occur at any time but they are more prevalent during the influenza season. Influenza outbreaks can result in increased morbidity and mortality in this age group, overwhelming the system in a short time period.

Early detection and reporting is the key to outbreak management. Existing infection control practices and enacting additional stringent infection control precautions as required is vital. Prompt control measures are important before waiting for lab confirmation.

Definitions of Terms

Assisted Living/Supportive Housing Residences are privately operated dwellings where individuals live in their own suites in a setting with congregate meals (prepared in the residence kitchen and served in the dining room), group activities and other communal amenities. Unlike a Personal Care Home, the residences have limited infrastructure to manage outbreaks, may have no health care trained staff and rely on program staff, families or others to care for the residents. Home Care may have a presence in the residence with responsibility for those clients on their caseload. The residents are vulnerable to outbreaks due to their advanced age and/or medical conditions. Refer to Appendix A-C

Incident Command Structure (ICS): Standardized approach to the command, control, and coordination of emergency response providing a common structure within which responders from multiple programs or agencies can be effective.

Gastrointestinal Illness: Symptoms of gastrointestinal illness may include any combination of nausea, vomiting, diarrhea, and/or abdominal pain which may be accompanied by myalgia, headache, low grade fever and malaise.

Gastrointestinal outbreak: Unusual cluster of cases of GI illness affecting residents that is higher than expected for that residence.

Respiratory illness- symptoms of acute onset of cough, fever, muscle aches and pains, sore throat and/or fatigue.

Respiratory outbreak – unusual cluster of cases of respiratory illness affecting residents that is higher than expected level for that residence.

Outbreak Management Life Cycle

1. Surveillance and Reporting

Early recognition and reporting of an unusual cluster of gastrointestinal or respiratory illness in an AL/SH residence is an important first step. Community areas are strongly encouraged to foster or enhance existing partnerships to include infection prevention and control (IPC) measures and education on early recognition and reporting of illness so that a timely and coordinated response can occur. It is strongly recommended that each Community Area keep current a directory of AL/SH residences within their area, along with contact information for key individuals within each AL/SH residence. This information will facilitate early planning and communications with Public Health, acute care sites and AL/SH residences.

2. Outbreak Identification

Information of a suspected outbreak should be reported to the Community Area Public Health Office, and the Public Health Nurse 1 if on the weekend. Once Public Health has completed an initial assessment and determines that the criteria meet the definition of an outbreak, an outbreak response is formulated.

3. Outbreak Response Team

The Medical Officer of Health leads the program/clinical outbreak response team. The Community Area Population Public Health Team Managers leads the community area operations outbreak response. A coordinated approach to outbreak management is essential to outbreak prevention, control and education. It is vital that everyone involved has a clear understanding of their respective roles during an outbreak and work collaboratively. Members of the outbreak team may be internal or external partners and some may be more actively involved than others.

OUTBREAK RESPONSE TEAM MEMBERS	ROLES AND RESPONSIBILITIES
<p>Public Health : Medical Officer of Health, Communicable Disease Coordinator, CD Team Manager, Epidemiologist, Public Health Community Area Team Manager, Public Health Nurse, Public Health Inspector, Cadham Provincial Laboratory</p>	<p>Medical Officer of Health will lead the outbreak response team Communicable Disease coordinator will coordinate the public health outbreak response activities</p>
<p>Assisted Living/Supportive Housing Residence: Executive Director or on-site designate, staff, residents and families</p>	<p>Implement recommended IPC measures Disease surveillance, communication internally within the facility and residents and externally with WRHA.</p>
<p>WRHA Infection Prevention and Control (IPC)– (Community)</p>	<p>Education on IPC measures of WRHA and residence staff Recommendation to the team on IPC measures to address the outbreak</p>
<p>Acute Care – including Emergency and IPC</p>	<p>Report suspected outbreaks and coordinate response within Acute Care facilities</p>
<p>Community area services – Home Care, PPH; including Directors and Team Managers. This may also include Mental Health, Primary Care and Family Services if they provide services to residents of AL/SH residences.</p>	<p>Develop partnerships and process to support outbreak management; Ensure residents receive ongoing WRHA services that are already in place Reinforce IPC recommendations for WRHA staff Lead and organize meetings and debriefs including all programs involved.</p>
<p>WRHA Occupational Health</p>	<p>Personal Protective Equipment (PPE) education and distribution of supplies to WRHA staff</p>
<p>WRHA Emergency Response, Patient Transport, and Winnipeg Fire Paramedic</p>	<p>Paramedic Services in the event transport to hospital is required. Onsite assessments/services as required provided by EPIC (Emergency Paramedic In the Community) as required. Determined on a case by case bases dependent on impact.</p>
<p>WRHA Disaster Management</p>	<p>If the outbreak response team lead (MOH) determines that the event has escalated with larger system impacts, WRHA Disaster Management will be notified. Support to manage the event as required, including the use of an Incident Command Structure (ICS).</p>

4. Outbreak Management Process

4.1 Notification

- If an outbreak is suspected by an Assisted Living Residence, the Executive Director or site designate notifies the community area public health office. If after hours, contact the Team Manager on call by pager at 204-931-2788.
- In situations where an outbreak is suspected by other partnering programs within or external to the regional health authority, the identifying individual(s) should contact the WRHA Communicable Disease Unit at 204-940-2081 during the day time . If after hours, contact the Team Manager on call by pager at 204-931-2788. Team Manager on call notifies the Population Public Health Community Area Team Manager first thing on the next business day.

Public Health will recommend the Executive Director of the AL/SH Residence notify the residents, family and staff of a potential outbreak situation at the site.

Note: in all notifications, ensure the name of the Assisted Living Residence, address, and contact person is provided.

4.2 Outbreak Assessment

- The Public Health Nurse, Community IPC nurse and Public Health Inspector will visit the site as soon as possible to determine the extent of the outbreak and the residence's ability to respond. This may include reviewing the site's staffing complement, existing infection prevention and control processes in place as well as existing food handling processes used in the facility.
- Based on the assessment information, the Communicable Disease Coordinator will set up an outbreak response meeting via teleconference with the Public Health Outbreak response team members to discuss the details of the site assessment and devise a plan for next steps.
 - The Medical Officer of Health guides the discussion around recommendations to help manage and control the spread of the CD.
 - The community area leadership will ensure all relevant community programs, and front-line workers have been alerted of the suspect outbreak and are receiving appropriate messaging and direction for service delivery.

- Public Health will work with the affected residence to monitor illness in residents and staff using outbreak data collection tools. This information collected serves as a monitoring tool as well as a communication tool on the progress of the outbreak.
- IPC to provide education related to Infection Prevention and Control Measures- including hand hygiene, PPE for those with potential for exposure, signage for IPC measures and outbreak notification. Refer to Appendix D

4.3 Communication

- Public Health community area program will communicate to all members of the Public Health response team. The CD Unit will create an outbreak report in Canadian Network for Public Health Intelligence (CNPHI) as per the provincial reporting process.
- The community leadership will communicate accordingly to senior management, and relevant community programs (i.e.: Home Care nursing, Home Care DSS)
- The Executive Director of the AL/SH residence will be responsible for communication with residents, visitors and staff.
- Material for public dissemination will be reviewed by Public Health to ensure clarity and understanding of the outbreak.
- In the event the outbreak needs to be escalated (i.e.: the outbreak is in multiple sites; is impacting staff as well as residents with increasing prevalence) WRHA Disaster Management program shall be notified by the outbreak response team lead (MOH) to provide support to manage the event using the Winnipeg Integrated Services Incident Command Structure.

4.4 Outbreak Control Strategies

Infection control measures are critical to minimizing transmission. Measures taken should be least restrictive and take into consideration the potential impact on the well-being of the residents. Examples include:

- Restricting symptomatic residents to their rooms (with dedicated bathroom, in room tray service)
- Cancelling group activities and social gatherings
- Limiting new admissions
- Visible and accessible education materials and signage
- Enhanced environmental cleaning and disinfection, in consultation with IPC staff with special attention to frequently touched surfaces and equipment

4.5 Outbreak Deactivation

- The Medical Officer of Health and/or the Communicable Disease Coordinator will define the criteria to declaring the outbreak over. This will be communicated as soon as possible to all partners involved in the response.

4.6 Debrief Meeting

- Once the outbreak is over, the community area will initiate a debrief meeting. All identified partners will be invited to participate in the debriefing and the results of the debriefing will be shared with all partners. This provides the opportunity to celebrate successes and work on opportunities identified for improvement.

Appendix A
Supportive Housing Fact Sheet and Contact Info May 2012-English

SUPPORTIVE HOUSING

What is Supportive Housing?

Supportive Housing provides personal support services and homemaking in group community residential settings (Manitoba Health, 1997). Supportive Housing combines apartment living, services such as meals and homemaking, and access to 24-hour support care and supervision.

What does Supportive Housing offer?

- A private apartment
- Housekeeping and laundry services
- Meals
- Common kitchen and lounge areas
- Social and recreational opportunities
- Assistance with personal care
- Availability of 24-hour support care and supervision
- Access to professional Home Care services for eligible clients

What does Supportive Housing cost?

Costs vary depending on the site. Individuals pay the sponsoring organization directly for the rent and service package. The Winnipeg Regional Health Authority provides for 24-hour support and supervision through funding to approved sponsors for one multi-skilled worker for 12 individuals.

Where is Supportive Housing?

Lion's Centre (32 spaces)
320 Sherbrook Street
Winnipeg, Manitoba R3B 2W6
Telephone: (204) 784-1240

Arlington Haus (20 spaces)
880 Arlington Street
Winnipeg, Manitoba R3E 3H2
Telephone: (204) 783-3752

Rosewood Village (144 spaces)
857 Wilkes Avenue
Winnipeg, Manitoba R3P 2M1
Telephone: (204) 487-9600

Fred Douglas Heritage House (28 spaces)
YM/YWCA Downtown
100 The Promenade
Winnipeg, Manitoba R3B 3H9
Telephone: (204) 949-9027

Résidence Despins (48 spaces)
151 Despins Street
Winnipeg, Manitoba R2H 0L7
Telephone: (204) 480-2900

Irene Baron Eden Centre (48 spaces)
1385 Molson Street
Winnipeg, Manitoba R2K 4K8
Telephone: (204) 667-7747 ext. 1

Harmony Court at Riverwood Square (96 spaces)
1778 Pembina Hwy
Winnipeg, Manitoba R3T 1R2
Telephone: (204) 275-7632

Riverside Lions (48 spaces)
180 Worthington
Winnipeg, Manitoba R2M 1S4
Telephone: (204) 255-8940

Chez Nous (24 spaces)
187 De La Cathedrale
Winnipeg, Manitoba R2C 0A1
Telephone: (204) 233-3692 ext. 554

Windsor Park Place (24 spaces)
875 Elizabeth Road
Winnipeg, MB R2J 3K6
Telephone: (204) 233-3692 ext. 554

How do people access Supportive Housing?

People living in the community access Supportive Housing through Home Care. Individuals in the hospital will access Supportive Housing through the Long Term Care Access Centre. Individuals will work with a Home Care Case Coordinator or Long Term Care Access Coordinator to complete their assessment application. If deemed eligible for the program, individuals will meet with the sponsoring organization to ensure a match within the setting.

<p>For Additional Program Information Contact: Housing Coordinator Winnipeg Regional Health Authority Telephone: (204) 833-1767 Fax: (204) 947-9975</p>
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Updated May 2012

LOGEMENT AVEC SERVICES DE SOUTIEN

Qu'est-ce qu'un logement avec services de soutien?

Un logement avec services de soutien offre une aide personnalisée et des services de ménage au sein des foyers communautaires. (Santé Manitoba 1997. Les logements avec services de soutien combinent la vie en appartement avec des services de repas et de ménage, et des services de soutien à la santé et de surveillance 24 heures par jour.

Que peut vous offrir le logement avec services de soutien?

- Un appartement privé;
- Des services de nettoyage et de lessive;
- Les repas;
- Une cuisine commune et des lieux de détente;
- Des services sociaux récréatifs;
- Une aide aux soins personnels;
- Des services de soutien à la santé et de surveillance 24 heures par jour;
- Des soins à domicile professionnels destinés aux clients remplissant les conditions requises.

Quel est le coût d'un logement avec services de soutien?

Les coûts varient en fonction du lieu. Les personnes paient le loyer et tous les services offerts directement à l'organisme parrain. L'Office régional de la santé de Winnipeg offre des services de soutien à la santé et de surveillance 24 heures sur 24 en finançant les parrains agréés à raison d'un travailleur polyvalent pour 12 personnes.

Où trouver un logement avec services de soutien?

Lion's (36 places)
320, rue Sherbrook
Winnipeg (Manitoba) R3B 2W6
Téléphone: (204) 784-1240

Arlington Haus (20 places)
880, rue Arlington
Winnipeg (Manitoba) R3E 3H2
Téléphone: (204) 783-3752

Rosewood Village (144 places)
857, ave Wilkes
Winnipeg (Manitoba) R3P 2M1
Téléphone: (204) 487-9600

Fred Douglas Heritage Home (28 places)
YM – YWCA au centre ville
100, The Promenade
Winnipeg (Manitoba) R3B 3H9
Téléphone: (204) 949-9027

Résidence Despins (48 places)
151, rue Despins
Winnipeg (Manitoba) R2H 0L7
Téléphone: (204) 480-2900

Irene Baron Eden Center (48 places)
1385, rue Molson
Winnipeg (Manitoba) R2K 4K8
Téléphone: (204) 667-7747 ext. 1

Harmony Court (96 places)
1778, route Pembina
Winnipeg (Manitoba) R3T 2G2
Téléphone: (204) 275-7632

Riverside Lions (48 places)
180 Worthington
Winnipeg, Manitoba R2M 1S4
Téléphone: (204) 255-8940

Chez Nous (24 places)
187 De La Cathédrale
Winnipeg, Manitoba R2C 0A1
Téléphone: (204) 233-3692 ext. 554

Windsor Park Place (24 places)
875, rue Elizabeth
Winnipeg (Manitoba) R2J 3K6
Téléphone: (204) 233-3692 ext. 554

À qui doit-on s'adresser si on désire bénéficier d'un logement avec services de soutien?

Les personnes qui demeurent dans une maison ou en appartement peuvent en bénéficier en passant par le Programme de soins à domicile. Les personnes hospitalisées s'y inscrivent en passant par le Centre d'accès aux soins de longue durée. Afin de les aider à remplir le formulaire de demande d'admission au programme, les personnes intéressées peuvent faire appel au coordonnateur de dossier du Programme de soins à domicile ou au coordonnateur de l'accès aux soins de longue durée. Les personnes qui remplissent les critères d'admissibilité au programme rencontreront un représentant de l'établissement parrain pour s'assurer que toutes les conditions sont remplies.

Pour de plus amples renseignements, veuillez communiquer avec le :
Coordonnateur du logement
Office régional de la santé de Winnipeg
Téléphone: (204) 833-1767
Télécopieur: (204) 947-9975

3: Assisted Living

“Independent Living with a Service Package”

www.aosupportservices.ca

Assisted Living

Assisted Living is a rental unit designed for those who wish to remain independent, but who need a little extra help with daily tasks. Assisted living is similar to Supportive Housing in the sense that it combines independent living with services such as meals, housekeeping and laundry, without 24 hour home care. Because each residence is independently owned and operated, the level of services provided varies from facility to facility.

It is also important to note that Assisted Living facilities are not licensed as such. Essentially, they are room and board facilities geared to the needs of older adults. Any special needs you or your loved ones may have must be kept in mind when considering a move to an Assisted Living community.

Assisted Living Offers

A private apartment / room	Meals
Housekeeping, laundry & support services	Common living & recreation areas
Assistance with some daily activities	Social opportunities

Cost of Assisted Living

Expect to pay more for Assisted Living than you would if living independently. As the level of services increase, so does the cost of the apartment. It is recommended that you contact or visit the residence for more information.

Accessing Assisted Living

In the Winnipeg area, there are many locations that offer standard housekeeping, meals and / or laundry services in an effort to reduce daily chores. To access this type of housing, you must contact the organization that manages the residence using the contact info provided on the following pages.

Deciding on the Right Place for You

It is important that you research the facility you are interested in. We suggest making several visits, at various times of the day, to each residence you are considering. Go on a tour and try one of the meals. Doing so will help you determine whether the level of service provided is consistent, and will help you acquire a realistic view of what it will be like to live there. Bring someone you trust with you to help make a decision that is right for you. Consider the following:

- What did the atmosphere feel like to you, did you feel welcome?
- Consider the quality of the accommodations is it clean, is there enough room for any mobility equipment you might need?
- Many buildings do not allow scooters or power wheelchairs; ask the right questions as it affects your lifestyle.

Assisted Living Projects:

Assiniboine South

Assiniboine Links
4025 Roblin Blvd.
Phone: **204-897-6854**

The Wellington
3161 Grant Ave.
Phone: **204-831-0788**

Portsmouth Retirement Residence
125 Portsmouth Blvd.
Phone: **204-284-5432**

Shaftesbury Park Retirement Residence
905 Shaftesbury Blvd.
Phone: **204-885-7272**

Central Winnipeg

Arlingtonhaus
880 Arlington St.
Phone: **204-783-3752**

Fort Garry

Lindenwood Manor
475 Lindenwood Dr. E.
Phone: **204-475-9990**

Lindenwood Terrace
490 Lindenwood Dr. E.
Phone: **204-489-2112**

Sterling House
909 Wilkes Ave.
Phone: **204-489-4745**

Riverwood Square
1778 Pembina Hwy.
Phone: **204-275-7632**

The Parkway I
85 Paget St.
Phone: **204-487-8500**

The Parkway II
95 Paget St.
Phone: **204-487-8500**

The Waverley
857 Wilkes Ave.
Phone: **204-487-9600**

River East

Kildonan House
216 Edison Ave.
Phone: **204-338-8182**

Concordia Village I & II
1125 Molson St.
Phone: **204-667-6479**

Concordia Village III
1115 Molson St.
Phone: **204-667-6479**

River Heights

The Boulton
45 Boulton Bay
Phone: **204-475-4500**

Assisted Living Projects cont'd

Seven Oaks

Amber Meadow

320 Pipeline Rd.
Phone: 204-633-5467

River Ridge Retirement Residence

50 Ridgecrest Ave.
Phone: 204-589-2273

St. Boniface

Catherine Place

190 Raymond Pl.
Phone: 204-231-0999

Residence Despins

151 Rue Despins
Phone: 204-480-2900

Manoir de la Cathedrale

321 Rue de la Cathedrale
Phone: 204-231-2277

Villa Aulneau

601 Aulneau St.
Phone: 204-594-6300

St. James-Assiniboia

Metropolitan Kiwanis Courts

2300 Ness Ave.
Phone: 204-885-7700

Sturgeon Creek I

10 Hallonquist Dr.
Phone: 204-885-1415

Sturgeon Creek II

707 Setter St.
Phone: 204-885-0303

The Westhaven

3033 Portage Ave.
Phone: 204-831-0788

St. Vital

Dakota House

1145 Dakota St.
Phone: 204-663-4983

Seine River Residences

1015 St. Anne's Rd.
Phone: 204-256-8877

The Canoe Club

40 Dunkirk Dr.
Phone: 204-231-5777

Riverside Lions Seniors Residences

188 Worthington Ave.
Phone: 204-255-8940

Transcona

Devonshire House I

75 Kildonan Green Dr.
Phone: 204-667-2412

Devonshire House II

65 Kildonan Green Dr.
Phone: 204-222-8962

Appendix D
Infection Prevention Control Resources

Infection Prevention Control (IPC)

Quick Reference Precautions: Clinical Presentation/Microorganism/Infectious Disease
Table <http://www.wrha.mb.ca/extranet/ipc/files/manuals/community/5.1.pdf>

IP&C facility tour checklist		
Availability of Hand Hygiene	Are there adequate facilities for residents, visitors and staff to perform hand hygiene	Bottles of hand rub or hand hygiene stations containing a hand rub dispenser and signage?
	Where is the hand rub/hand hygiene stations located?	Entrance to the facility?
		Entrance to the dining area?
		Communal meeting areas? e.g.: coffee rooms lounges multipurpose rooms activity area other: _____
	Other recommended sights? e.g.: at elevator doors intervals down hallways between residences inside offices	
Hand Rub	Does the hand rub provided in communal areas contain alcohol?	<i>An alcohol based hand rub (ABHR) should contain a minimum of 60% alcohol. The outbreak residence should be advised that ABHR is the recommended method of hand hygiene when hands are not visibly soiled.</i>
	If the hand rub does not contain alcohol is it effective against the suspected/confirmed outbreak organism?	<i>Determine active ingredients in the hand rub and contact community IP&C professional to determine if product is effective against suspected/confirmed organism.</i>

	Has the expiry date of the hand rub been checked?		
	Is the hand rub in the original manufacturer's container or has it been decanted from another container?	<p>If the container contains decanted hand rub, does the residence know the proper technique for decanting? (e.g.: never "topping up", using until empty and then cleaning the container with soap and water, allowing the container to air dry before refilling?)</p> <p>http://www.wrha.mb.ca/extranet/ipc/files/manuals/community/7.2.2.pdf</p>	
Sinks	Are their communal sinks being used for hand hygiene?	<p>If so is it dedicated to hand hygiene (e.g.: restroom sink)</p> <p>Or is it used for other purposes as well? (e.g.: preparing food or drinks). <i>If it is shared for the preparation of food or drink recommend using it only for communal hand hygiene or food/drink prep.</i></p>	
	Is there liquid soap at available at the sink?	<i>Neither bar soap nor an antibacterial liquid soap is recommended.</i>	
	Is paper towel available for drying hands?	<i>Communal cloth towels are not recommended.</i>	

Respiratory Hygiene supplies	<u>If deemed necessary</u> by PPH/IP&C are masks available for visitors and residence staff? Home care staff caring for symptomatic individuals should be provided with their own supply.	<i>If needed masks should be made available at a central location where hand rub is also available (e.g.: stand in the main foyer or at the reception desk. Signage should also be posted indicating when masks should be used.</i>	
Communal eating areas	All communal eating and/or drinking areas (e.g.: coffee lounges) should be closely supervised during the outbreak	Residence staff should be ensuring that hand hygiene is being performed by the residents, staff and visitors.	
		Are there resident accessed communal coffee urns or drink pitchers set out? <i>If so they should be removed/not used for the duration of the outbreak.</i>	
		Are there communal snacks set out for residents? <i>If so they should be removed for the duration of the outbreak.</i>	
Restrooms	Are there communal restrooms in the residence?	What is the frequency they are being cleaned? Each shift? Daily? Weekly? <i>Depending on the frequency of use, an increase in the frequency of cleaning may be recommended for the duration of the outbreak.</i>	
Cleaning/ disinfecting	What product is being used for cleaning/disinfection?	Is it effective against the causative organism? (e.g.: some "QUATs" - quaternary ammonium compounds – do not have significant activity against Norovirus). ¹ <i>Refer to the manufacturer's information – usually available on the manufacturer's website.</i>	

	Has the expiry date of the cleaner/disinfectant been checked?		
Signage	Is signage posted?	For Hand Hygiene:	
		<ul style="list-style-type: none"> • Reminders to do hand hygiene • How to do hand hygiene 	
		For mask usage (if applicable)	
		Advising visitors that an outbreak is occurring in this residence? <i>(Signage should include a statement to say that visitors should follow the direction provided by the staff or the HCWs involved).</i>	

¹Provincial Infectious Disease Advisory Committee (PIDAC): Best Practices for Environmental Cleaning for Prevention and Control of Infections. (May 2012)

Sample Memo DSS – Routine Practices for Droplet Precautions Jan 2016



ACCESS Winnipeg West
280 Booth Drive
Winnipeg, MB R3J 3R7

www.gracehospital.ca
www.wrha.mb.ca
www.gov.mb.ca/fs

WINNIPEG WEST INTEGRATED HEALTH AND SOCIAL SERVICES

INCLUDING: Grace Hospital / ACCESS Winnipeg West - Community Health and Social Services St. James
- Assiniboia and Assiniboine South

MEMO

Date:

To: Home Care Staff Attending **SITE ADDRESS** From: **TEAM MANAGER'S NAME**
CC: Team Manager HC Nursing Team Manager
Team Manager, PPH St. James/Assiniboia Home Care
WRHA Occupational Health
WRHA Infection Prevention & Control

Subject: Routine Practices for Droplet Precautions at **SITE ADDRESS**

SITE ADDRESS is currently experiencing a higher than normal incidence of illness among their residents, some of whom are clients of Home Care. WRHA Population and Public Health is monitoring the situation closely. The illness is not airborne. It is spread mainly by direct contact but may also be spread by indirect contact. Symptoms include _____

Performing proper Hand hygiene according to the 4 moments of hand hygiene as per your training is the most important method of prevention.

In addition to proper hand washing, WRHA Infection Prevention & Control is recommending the use of the following PPE (Personal Protective Equipment) for all Home Care Direct Service Staff as part of Routine Practice procedures for Droplet Precautions for providing care to clients who exhibit the above symptoms:

Gloves

- For handling any blood or body fluids or touching any surfaces that may be contaminated with blood or body fluids – hand hygiene **MUST** be performed before and after using gloves.
- Gloves cannot be used between patients.
- Immediately remove gloves after performing the task that required glove use.
- Immediately remove gloves after they become visibly soiled

Gowns

- Fluid Resistant (not impervious) again when splashes and sprays from blood or body fluid
- Gowns cannot be used between patients
- Immediately remove a gown that becomes visibly soiled

Mask and facial protection

- Use when there is a risk splash/spray from blood or body fluids (Projectile vomiting, emptying basins or bed pans)





ACCESS Winnipeg West
280 Booth Drive
Winnipeg, MB R3J 3R7

www.gracehospital.ca
www.wrha.mb.ca
www.gov.mb.ca/fs

WINNIPEG WEST INTEGRATED HEALTH AND SOCIAL SERVICES

INCLUDING: Grace Hospital / ACCESS Winnipeg West - Community Health and Social Services St. James
- Assiniboia and Assiniboine South

- Can be separate procedure mask and face shield OR a combination mask
- Cannot be used between clients

These precautions should be remain in place with these clients for 48 hours after their symptoms have disappeared.

Please see the information provided with this memo as a reminder of how to put on and take off this equipment.

Extra supplies are available in the block and will be replenished regularly.

If you have any questions about the above or are in need of supplies, please contact your Resource Coordinator.

If experience any of the symptoms listed above, please contact your Resource Coordinator immediately as well as WRHA OESH Occupational Health at 204-940-8384 or 204-940-8385.